#### BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: February 15, 2006	Division: <u>Emergency Services</u>
Bulk Item: Yes X No	Department: Fire Rescue
	Staff Contact Person: <u>Darice Hayes</u>
AGENDA ITEM WORDING: Resolution author Application and related Request for Grant Distribution Emergency Medical Services.	rizing the Mayor to execute an EMS County Grant on to the State of Florida Department of Health, Bureau of
authorized by Chapter 401, Part II, Florida Statutes to derived from surcharges on the fines for various traff	Ith, Bureau of Emergency Medical Services (EMS) is a distribute county grant funds. County grant funds are it violations. A portion of these funds are made available distribute the theorem is the services (EMS)
On-going costs for EMS and replacement of equipme remain the responsibility of the counties and EMS agrannot be used to supplant the existing county budge	encies and organizations. Furthermore, county grant funds
is a request for the following: Purchase of Toughbood of software (EMSPRO/RescueNet). Grant funds will Fire Rescue (MCFR) field data collection and reporting Grant funds will also be used to purchase map and grant funds will also be used to purchase map and grant funds will also be used to purchase map and grant funds will also be used to purchase map and grant funds will also be used to purchase map and grant funds will also be used to purchase map and grant funds will be used to purchase map and grant funds w	cil Meetings, and EMSPRO summits.
funding for EMS enhancement, and the Board has se-	he County Award Grant is a yearly grant that provides en fit to approve the grant application every year these late of the last BOCC approval for a County Award Grant
CONTRACT/AGREEMENT CHANGES: The	is is not a contract.
STAFF RECOMMENDATIONS: Approval.	
	ED: Yes No <u>N/A</u> URCE OF FUNDS: Grant
REVENUE PRODUCING: YesNo	
APPROVED BY: County Atty YES OMB	
DIVISION DIRECTOR APPROVAL: Clar	ck O. Martin, Jr.
<b>DOCUMENTATION:</b> Included X No	ot Required
DISPOSITION:	AGENDA ITEM #

Revised 2/05

#### RESOLUTION NO. -2006

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA AUTHORIZING MAYOR TO EXECUTE AN EMS COUNTY GRANT APPLICATION AND RELATED REQUEST FOR GRANT DISTRIBUTION TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES

WHEREAS, an EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue to upgrade area municipal fire rescue reporting systems; will continue education to staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment; and therefore,

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA, as follows:

- 1. The Mayor is hereby authorized to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services, and copies of same being attached hereto.
- 2. The monies from the EMS County Grant will continue to upgrade and enhance Monroe County Fire Rescue's reporting system; will continue to upgrade area municipal fire rescue reporting systems; will continue education to staff to improve the County's fire rescue services; and will improve the area municipal fire rescue systems with updated medical equipment.
- 3. The grant monies will not be used to supplant existing County EMS budget allocations.

budget anocations.	. (
PASSED AND ADOPTED by the Board Florida, at a regular meeting of said Board held on the	of County Commissioners of Monroe County eday of, 2006.
Mayor McCoy Mayor Pro Tem Nelson Commissioner Spehar Commissioner Neugent Commissioner Rice	
	BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA
	By: Mayor/Chairman
(SEAL) Attest: DANNY L.KOLHAGE, Clerk	:
By:	MONPOS COUNTY ATTORNEY



## FLORIDA DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL SERVICES

# EMS COUNTY GRANT PROGRAM APPLICATION PACKET

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#### DESCRIPTION OF PROGRAM

#### **OVERVIEW:**

The Department of Health, Bureau of Emergency Medical Services (EMS) is authorized by Chapter 40I, Part II, F. S., to dispense grant funds. Forty-five (45) percent of these funds are made available to the 67 boards of county commissioners (BCCs) to improve and expand prehospital EMS systems in their county.

On-going costs for EMS and replacement of equipment cannot be funded under this grant program. These costs remain the responsibility of the counties and EMS agencies and organizations.

#### **ELIGIBILITY:**

EMS County grants are awarded only to BCCs. However, each BCCs is encouraged to assess its countywide EMS needs and establish priorities before submitting a grant application. The assessment should be coordinated with area EMS councils, when available.

#### **COUNTY GRANT PROCESS**

#### **APPLICATION FORM:**

BCCs must copy and complete the form titled "EMS County Grant Application, DH Form 1684, June 2002". The BCCs will return the county grant application and resolution (item 5 on the application) to the department.

#### **NOTICE OF GRANT AWARD:**

The Department shall send a Notice of Grant Award letter to the BCCs. This is the BCCs official notice that its grant application has been approved for funding. The letter and its attachments will include the amount of the award, the beginning and ending dates of the grant, due dates for required reports, the approved budget, and additional grant conditions, if any.

#### **APPLICATION SUBMISSION:**

The BCCs must submit:

- 1. A completed application (DH Form 1684, June 2002) with original signatures of the authorized county official.
  - 2. A county resolution certifying the EMS county grant funds received shall be used to improve and expand prehospital EMS and that the funds will not be used to supplant existing county EMS budget allocations (item 4 in the application).

A complete EMS County Grant packet consists of the above two items. <u>No copies are required</u>.

Mail the application to:

County Grant Emergency Medical Services 4052 Bald Cypress Way, Bin C18 Tallahassee, Florida 32399-1738

Retain this application packet because it contains the grant conditions and requirements, and other information and forms needed.

#### **EMS COUNTY GRANT APPLICATION**

#### FLORIDA DEPARTMENT OF HEALTH **Bureau of Emergency Medical Services**

Complete all items		
ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C		
1. County Name: MONROE COUNTY (Monroe County Board of County Commission	ers)	
Business Address: 490 63rd Street, Suite 140	C13/	
Marathon, FL 33050		
Telephone: (000) 123-4567 305-289-6004		
Federal Tax ID Number (Nine Digit Number). VF 5 9 6 0 0 0 7 4 9		
2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other leg documents for the county) I certify that all information and data in this EMS county grant application its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.  Signature:  Date:	and	
Printed Name: Charles "Sonny" McCoy MONRO	COUNTY	ATTORNEY
Position Title: Mayor APPR	DYED AS	TO FORM:
	Zn	1111
3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)  Name: Clark O. Martin, Jr.	ANT COUNT	Y ATTORNEY
Position Title: Fire Chief		
Address: 490 63rd Street, Suite 140		
Marathon, FL 33050		- 22
그 마시 얼마 생각하다 다른 사람들이 살아가 되었다면서 사람들이 살아가 되는 사람들이 살아가 되었다.		
Telephone: (000) 000-0000 305-289-6004 Fax Number: (000) 000-0000 305-289-6336		
E-mail Address abcdefg@zyx.com martin-clark@monroecounty-fl.gov		
4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.	grant	
<ol> <li>Budget: Complete a budget page(s) for each organization to which you shall provide funds.</li> <li>List the organization(s) below. (Use additional pages if necessary)</li> </ol>		
Monroe County Fire Rescue (MCFR)		100
Key Largo Volunteer Ambulance Corps. (KLVAC)		
Ocean Reef Public Safety (ORPS)		
그리는 생기 위한 전쟁 전쟁이 없는 데 아니다면 하는 사람들은 기를 가지면 바쁜 아니다.		
DH Form 1684, Rev. June 2002		[2]

#### BUDGET PAGE 1 of 3 (MCFR)

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature <u>excluding</u> expenditures classified as operating capital outlay (see next category).

List the Item and, if applicable, the quantity	Amount:
Travel to Rural EMS Provider Meetings and State DOH	
Advisory Council Meetings	\$ 8,226.10
Travel to EMSPRO Summits	8,369.10
Administrative support costs for electronic report-	
ing (EMSPRO/RescueNet)	14,947.20
Travel for deployment specialist for upgrade of and	3,300.00
new software TOTAL	¢34.842.40

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one ( ) year

List the Item and, if applicable, the quantity	Amount
Enhancements & replacement equipment for pen-based	
EMS patient care report system which includes but is	
not limited to licensing fees, software upgrades, ne software, Toughbook CF18 Notebook computers, vehicle	
power adaptors, batteries, wireless adaptors	\$ 47,874.31
Mapping project which includes map and grid books	15,000.00
TOTAL	\$ 62,874.31
Grand Total	\$ 97,716.71

DH Form 1684, Rev. June 2002

#### BUDGET PAGE 2 of 3 (KLVAC)

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, F hour, other fringe benefits, and the total number of hours.	ICA per Amount
Thou, our image venente, and the total number of thours.	Allount
<u> </u>	
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature <u>excluding</u> expenditures classified

as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount	
Travel cost for deployment cost of electronic re-		
porting system	\$ 3,267.00	
	NF 17 N N N	
TOTAL	\$ 3,267.00	

**C. Vehicles, equipment, and other** operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Licensing fee for one-quarter of year on RescueNet	
project (electronic reporting system which is part	
of EMSPRO)	\$ 975.00
	3
TOTAL	\$ 975.00
	313.00
Grand Total	\$_4,242.00

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DH Form 1684, Rev. June 2002

#### BUDGET PAGE 3 of 3 (ORPS)

A. Salaries and Benefits:

For each position title, provide the amou	nt of salary per hour FICA per
hour, other fringe benefits, and the total	number of hours. Amount
riosa, differiningo pesiente, and the total	number officials. Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature <u>excluding</u> expenditures classified

as operating capital outlay (see next category).

	List the item and, if applicable, the quantity	Amount
220140-1378		
	TOTAL \$	9 0000000000 A

**C.** Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount	
Completion of FY05 EMS patient-care reporting		
system (RescueNet) already in progress which incl purchase and deployment of Toughbook CF18 Noteboo computers, accessories, warranty, server and serv	ok	
accessories, Dell work station & work station con		
nectivity	\$ 20,647.00	
TOTA	AL \$ 20,647.00	
	tal \$ 20,647.00	-

DH Form 1684, Rev. June 2002

\*\* \$97,716.71 + 4,242.00 + 20,647.00 = \$122,605.71; broke down as follows: Includes roll-over funds in the amount of \$72,417.71 (\$70,220.00 with accrued interest of \$2,197.71 through September 30, 2005), and FY2006 share of \$50,188.00 which equals a TOTAL OF \$122,605.71. 4

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## FLORIDA DEPARTMENT OF HEALTH EMS GRANT PROGRAM

### REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

Name of Agency:	Board of County	Commissioners, Monr	oe County, F	L
Mailing Address:	490 63rd Street,	Suite 140		
	Marathon, FL 330	50		
Federal Identification	n number Fed ID 59	-6000-749		
Authorized Official:				
	Signature		Date	
	Charles "Sonny	" McCoy, Mayor		
		Type Name and Title		and the second second second
Sign	and return this page w	ith your application to	MO/ <sub>10</sub>	FORM /
Sign	i and return this page wi	шт уойг аррисацот то:	0	
	Florida Departme		and the same of the	THE TON
	BEMS Grant F			/ / TORNEY
	4052 Bald Cypress	Way, Bin C18		20/06 TORNEY
	4052 Bald Cypress Tallahassee, Florida	Way, Bin C18 a 32399-1738		20/06
Do not write below this line	4052 Bald Cypress Tallahassee, Florida	Way, Bin C18 a 32399-1738	ces personnel	20/06
	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of	Way, Bin C18 a 32399-1738 Emergency Medical Servi		20/06
Do not write below this line Grant Amount For State To	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of	Way, Bin C18 a 32399-1738		20/06
Grant Amount For State To	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$	Way, Bin C18 a 32399-1738 Emergency Medical Servi		20/06
Grant Amount For State To	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of	Way, Bin C18 a 32399-1738 Emergency Medical Servi		20/06
Grant Amount For State To	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$	Way, Bin C18 a 32399-1738 Emergency Medical Servi		20/06
Grant Amount For State To Approved By : Signature of State Fiscal Year:	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$  f EMS Grant Officer	Way, Bin C18 a 32399-1738 Emergency Medical Servi _ Grant ID: Code		20/06
Grant Amount For State To Approved By : Signature of	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$  f EMS Grant Officer	Way, Bin C18 a 32399-1738 Emergency Medical Servi		20/06
Grant Amount For State To Approved By : Signature of State Fiscal Year: Organization Code E.O.	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$  f EMS Grant Officer  OCA	Way, Bin C18 a 32399-1738 Emergency Medical Servi _ Grant ID: Code		20/06
Grant Amount For State To Approved By : Signature of State Fiscal Year: Organization Code E.O. 64-25-60-00-000 N_	4052 Bald Cypress Tallahassee, Florida e. For use by Bureau of Pay: \$  f EMS Grant Officer  OCA N2000	Way, Bin C18 a 32399-1738  Emergency Medical Servi  Grant ID: Code  Object Code 7	Date	20/06

DH Form 1767P, Rev. June 2002